

Amendment No. \_\_\_\_\_

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Signature of Sponsor

FILED

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

AMEND Senate Bill No. 398\*

House Bill No. 628

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) As used in this section, unless the context otherwise requires:

(1) "Bureau" means the bureau of TennCare;

(2) "Collaborative pharmacy practice agreement" has the same meaning as defined in § 63-10-204;

(3) "Medication therapy management pilot program" means the test program established by the bureau of TennCare meeting the definition of the term "medication therapy management program" in § 63-10-204; and

(4) "Medication therapy management services" means the provision of direct patient care services by a pharmacist licensed under title 63, chapter 10 practicing in this state, to optimize the therapeutic outcomes of the patient's medications. Medication therapy management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's scope of practice. Medication therapy management services are independent of, but can occur in conjunction with, the provision of a medication product.

(b)

(1) The bureau shall develop and implement a medication therapy management pilot program that seeks to provide high quality, cost-effective services in support of initiatives administered by the bureau to ensure optimal health outcomes for TennCare beneficiaries.



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(2) Any managed care organization or pharmacy benefit manager that participates in the TennCare medication therapy management pilot program, as determined by the bureau, shall administer a medication therapy management pilot program that meets the program standards and eligibility criteria as established by the bureau.

(c)

(1) The bureau shall establish program standards and eligibility criteria for the medication therapy management pilot program. Eligibility criteria may include use of specific medications, use of classes of medications, disease states, health conditions, mental health conditions, complex medical and drug-related needs, and other clinical factors, as determined by the bureau.

(2) Medication therapy management services shall be delivered by a participating qualified Tennessee-licensed pharmacist, as determined by the bureau, acting under a collaborative pharmacy practice agreement meeting the requirements of § 63-10-217 and within the routine scope of the practice of pharmacy, as defined in § 63-10-204, and in consultation with patients, caregivers, prescribers, and other healthcare providers, as appropriate. Technical responsibilities related to medication therapy management services, other than the delivery of direct patient care services, such as obtaining accurate medication histories and records, scheduling visits, documentation, and billing for services, may be delegated to pharmacy technicians and other pharmacy personnel at the discretion of the pharmacist responsible for delivering the service.

(3) Nothing in this section shall expand or modify the scope of the practice of pharmacy as defined in title 63, chapter 10, part 2.

(d)

(1) The bureau shall establish reimbursement rates for medication therapy management services provided by pharmacists under a collaborative

pharmacy practice agreement within the medication therapy management pilot program.

(2) For purposes of reimbursement for medication therapy management services, the bureau, or its managed care organizations, may enroll individual pharmacists as providers under their medicaid provider program. The bureau may also establish contract requirements necessary to implement the pilot program.

(e) Any cost savings realized by the bureau through administration of the medication therapy management pilot program shall be prioritized for use in expanding the administration of the medication therapy management pilot program. Any expansion of the pilot program shall be determined by the bureau upon conclusion of the pilot program and after evaluation of the pilot program to determine overall impact to the program in terms of cost-effectiveness and medical outcomes.

(f) As part of the pilot program, the bureau may seek input from pharmacists, primary care providers, or other key stakeholders to provide technical assistance in the development and implementation of the bureau's medication therapy management pilot program.

(g) The medication therapy management pilot program shall terminate on June 30, 2020.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 10, Part 2, is amended by adding the following as a new section to be appropriately designated:

Medication therapy management provided under this chapter as part of the practice of pharmacy shall meet the standards for medication therapy management established by rule by the board of pharmacy.

SECTION 3. Tennessee Code Annotated, Title 63, Chapter 10, Part 2, is amended by adding the following as a new section to be appropriately designated:

The bureau of TennCare is directed to report to the senate health and welfare committee and the health committee of the house of representatives regarding program

costs and patient outcomes related to incorporating the pharmacist-provided medication therapy management pilot program on or before April 15 of each year the pilot program is supported.

SECTION 4. This act shall take effect on July 1, 2017, the public welfare requiring it.

Amendment No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor

**FILED**

Date \_\_\_\_\_

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Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 1155**

**House Bill No. 290\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 71-5-143, is amended by deleting the section in its entirety and substituting instead the following:

(a) On July 1, 2017, there is reestablished in the office of the comptroller of the treasury a TennCare advisory commission. The advisory commission is separate and distinct from the bureau of TennCare but shall be allowed access to all non-privileged data concerning operations, management, and program functions of the TennCare program, including information relevant to the TennCare program held or maintained by other state agencies.

(b)

(1) The advisory commission shall be composed in accordance with this subsection (b). Members shall be appointed by the speaker of the house of representatives and the speaker of the senate. The advisory commission is composed of twenty-one (21) members who should reflect the broad impact that the TennCare program has on the state of Tennessee.

(2) The membership of the advisory commission includes:

(A) One (1) member of the health and welfare committee of the senate appointed by the speaker of the senate, or a designee of that member;

(B) One (1) member of the commerce and labor committee of the senate appointed by the speaker of the senate, or a designee of that



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member;

(C) One (1) member of the government operations committee of the senate appointed by the speaker of the senate, or a designee of that member;

(D) One (1) member of the finance, ways and means committee of the senate appointed by the speaker of the senate, or a designee of that member;

(E) One (1) member of the health committee of the house of representatives appointed by the speaker of the house of representatives, or a designee of that member;

(F) One (1) member of the insurance and banking committee of the house of representatives appointed by the speaker of the house of representatives, or a designee of that member;

(G) One (1) member of the government operations committee of the house of representatives appointed by the speaker of the house of representatives, or a designee of that member;

(H) One (1) member of the finance, ways and means committee of the house of representatives appointed by the speaker of the house of representatives, or a designee of that member;

(I) One (1) member representing hospitals appointed by the speaker of the senate;

(J) One (1) member representing hospitals appointed by the speaker of the house of representatives;

(K) One (1) member representing physicians appointed by the speaker of the senate;

(L) One (1) member representing physicians appointed by the speaker of the house of representatives;

(M) One (1) member representing nursing homes appointed by the speaker of the senate;

(N) One (1) member representing nursing homes appointed by the speaker of the house of representatives;

(O) One (1) member representing pharmacists appointed by the speaker of the senate;

(P) One (1) member representing pharmacists appointed by the speaker of the house of representatives;

(Q) One (1) member representing providers of home health care appointed by the speaker of the house of representatives;

(R) One (1) member representing providers of services to the intellectually and developmentally disabled appointed by the speaker of the senate;

(S) One (1) member representing providers of behavioral health services appointed by the speaker of the house of representatives;

(T) One (1) member representing the advocacy community appointed by the speaker of the senate; and

(U) One (1) designee of the commissioner of finance and administration to serve as a nonvoting ex officio member.

(3) In making the appointments, the speakers shall strive to ensure that the advisory commission's membership is representative of the state's geographic and demographic composition with appropriate attention to the representation of women and minorities. Except for initial appointments, nonlegislative members shall be appointed to three-year terms. The members of the advisory commission shall elect a chair and vice chair of the commission from the membership of the commission who shall serve one-year terms as chair and vice chair.

(4) In making the initial appointments of nonlegislative members, the following terms shall apply:

(A) The speaker of the senate shall appoint to a term ending June 30, 2018, the members appointed under subdivisions (b)(2)(I) and (O);

(B) The speaker of the house of representatives shall appoint to a term ending June 30, 2018, the members appointed under subdivisions (b)(2)(J) and (P);

(C) The speaker of the senate shall appoint to a term ending June 30, 2019, the members appointed under subdivisions (b)(2)(K) and (R);

(D) The speaker of the house of representatives shall appoint to a term ending June 30, 2019, the members appointed under subdivisions (b)(2)(L) and (Q);

(E) The speaker of the senate shall appoint to a term ending June 30, 2020, the members appointed under subdivisions (b)(2)(M) and (T);  
and

(F) The speaker of the house of representatives shall appoint to a term ending June 30, 2020, the members appointed under subdivisions (b)(2)(N) and (S).

(5) In the case of a vacancy, a member shall be appointed to fill out the unexpired term of that commission appointment by the authority who appointed that member.

(6) If a nonlegislative member of the commission is absent for more than three (3) meetings of the commission in a calendar year without good cause, then a vacancy is created and shall be filled pursuant to subdivision (b)(5).

(c)

(1) The purpose of the commission is to review annually the healthcare operations, including, but not limited to, cost-management analysis, benefits,



enrollment, eligibility, costs, and performance of the TennCare program and to make recommendations to the appropriate state agencies and the general assembly regarding the cost-containment strategies and cost-effective program improvements. Review of the TennCare program may also include the holding of public hearings on any proposed amendment to any federal waiver governing the provision of medical assistance under this title, any amendment or change to the Title XIX state plan, and review of behavioral health services and the Long Term Care Community Choices Act, compiled in title 71, chapter 5, part 14.

(2) Recommendations by the commission may include an assessment of the effectiveness of the existing TennCare program, specific steps that could be taken to reduce program costs, and an evaluation of whether the program is optimizing its use of resources to best meet the needs of the TennCare enrollees. Proposed modifications submitted by the commission that may result in increased program expenditures should be accompanied by recommendations to achieve commensurate savings in other program areas in order to achieve overall management of program costs.

(3) The commission is authorized to appoint subcommittees to study specific topics.

(4) The commission is authorized to employ staff.

(5) The bureau of TennCare shall provide the commission copies of any reports made by a consultant to the bureau on any aspect of the TennCare program, including quality issues.

(6)

(A) No application for an amendment to any federal waiver governing the provision of medical assistance under this title may be submitted to any agency of the federal government unless the commission has been afforded at least thirty (30) days in which to hold a

public hearing on the proposed waiver before submission of the waiver application. Any federal waiver application failing to receive the opportunity to hold such public hearing before submission to an agency of the federal government shall be void and of no effect.

(B) The bureau shall notify the commission via electronic mail or other type of electronic communication at least thirty (30) days before it plans to submit an amendment to the Title XIX state plan, or, in cases where the bureau has less than thirty (30) days to file the amendment, as soon as is reasonably practicable.

(7) The commission shall meet quarterly and at the call of the chair, as needed, to perform the following duties:

(A) Hear testimony from the bureau of TennCare on changes in federal law, regulation, or guidance that could affect the TennCare program;

(B) Receive a briefing from the division of health care finance and administration on any new strategies, programs, or policies under consideration to control costs, expand coverage, or improve the quality of health care of Tennesseans;

(C) Receive a briefing on new strategies, programs, or policies that are being adopted in other states from commission staff; and

(D) Hear testimony or take action on any issues raised by the chair of the commission or recommended during a previous commission meeting.

(8) The division of health care finance and administration shall inform the commission on any actions or policy changes that have been made necessary by a major change in federal law or regulation at least thirty (30) days prior to implementation.

(9) The division of health care finance and administration and other state agencies shall provide information in a timely manner to the commission at the request of the chair.

(10) The commission shall issue the following reports to the general assembly on an annual basis:

(A) Five-year projections of the financial and operational impact of the state aging population on TennCare;

(B) Status of implementation of any alternative payment system utilizing bundled payments or episodes of care;

(C) Thorough analysis of the drivers of healthcare inflation of the TennCare program;

(D) Compilation of all recommendations made by the commission, agency response, and commission response; and

(E) Any other issues requested by the general assembly through joint resolution.

(d) Members and staff of the advisory commission shall maintain strict standards of confidentiality in the handling of all matters before the commission in accordance with federal and state law. All confidential material and information, regardless of form, medium, or method of communication, provided to, acquired by, or included in records created by a member or the commission staff in the course of the commission's work, shall remain confidential information and shall not be disclosed and are deemed not to be a public record. All necessary steps shall be taken by members and staff to safeguard the confidentiality of such material or information in conformance with federal and state law.

(e) Items or matters discussed by the commission may from time to time present real or apparent conflicts for members of the commission. Due to the importance of the commission's work and the advisory nature of its recommendations, in the event that a

matter being considered by the commission presents a real or apparent conflict of interest, the affected member of the commission shall disclose the conflict to the chair but shall be allowed to discuss and take official action on the particular matter. The professional backgrounds of each member of the advisory commission as well as any conflicts disclosed by a member to the chair during a given year shall be reported in the commission's recommendations as set forth in subsection (c).

(f) Legislative members shall be compensated for expenses in accordance with § 3-1-106.

(g)

(1) Any person registered as a lobbyist pursuant to the registration requirements of title 3, chapter 6, who is subsequently appointed or otherwise named as a member of the commission shall terminate all employment and business association as a lobbyist with any entity whose business endeavors or professional activities involve the TennCare program, prior to serving as a member of the commission. This subdivision (g)(1) shall apply to all persons appointed or otherwise named to the commission.

(2) No person who is a member of the commission shall be permitted to register or otherwise serve as a lobbyist pursuant to title 3, chapter 6, for any entity whose business endeavors or professional activities are regulated by the commission during such person's period of service as a member of the commission. This subdivision (g)(2) shall apply to all persons appointed or otherwise named to the commission.

(3) No person who serves as a member of the commission shall be employed as a lobbyist by any entity whose business endeavors or professional activities are regulated by the commission for one (1) year following the date such person's service on the commission ends. This subdivision (g)(3) shall apply to all persons serving on the commission.

(4) A person who violates this subsection (g) shall be subject to the penalties prescribed in title 3, chapter 6.

(h) In performing its responsibilities, the commission's role shall be strictly advisory, but it may:

(1) Make recommendations to the governor; the general assembly; the standing health, government operations, and finance, ways and means committees of each chamber of the general assembly; the deputy commissioner of the division of health care finance and administration of the department of finance and administration; or any other state agency;

(2) Make recommendations to the administrator of the bureau of TennCare and the commissioner of health regarding the method and form of statistical data collections;

(3) Monitor the performance of other state agencies insofar as those operations have a direct impact upon the division of health care finance and administration; and

(4) Develop recommended alternatives to provider rate reductions in the event of reduced revenue.

(i) For administrative purposes, the council shall be attached to the office of the comptroller of the treasury for all administrative matters relating to receipts, disbursements, expense accounts, budget, audit, and other related items. The comptroller of the treasury shall have administrative and supervisory control over the staff assigned to assist the commission. Employees of the council shall not have the status of preferred service employees pursuant to title 8. The autonomy of the commission and its authority are not affected by this subsection (i).

SECTION 2. Tennessee Code Annotated, Section 4-29-240(a), is amended by adding the following as a new subdivision to be appropriately designated:

( ) TennCare advisory commission, created by § 71-5-143;

SECTION 3. Tennessee Code Annotated, Section 71-5-104(b), is amended by deleting the subsection in its entirety.

SECTION 4. Tennessee Code Annotated, Section 71-5-104(c), is amended by deleting the subsection in its entirety.

SECTION 5. Tennessee Code Annotated, Section 71-5-1402(g), is amended by deleting subdivisions (2) and (3) in their entirety.

SECTION 6. Tennessee Code Annotated, Section 71-5-151, is amended by deleting the section in its entirety.

SECTION 7. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. \_\_\_\_\_

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Signature of Sponsor

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 150\***

**House Bill No. 292**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 68-10-104(c), is amended by deleting the subsection and substituting the following:

The following healthcare officers and providers licensed in this state may examine, diagnose, and treat minors infected with STDs without the knowledge or consent of the parents of the minors, and shall incur no civil or criminal liability in connection with the examination, diagnosis, or treatment, except for negligence:

- (1) Any state, district, county, or municipal health officer; or
- (2) Any physician, nurse practitioner with a certificate of fitness and an appropriate supervising physician, nurse midwife who is an advanced practice registered nurse under § 63-7-126 and who has an appropriate supervising physician, or physician assistant with an appropriate supervising physician.

SECTION 2. This act shall take effect July 1, 2017, the public welfare requiring it.



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Amendment No. \_\_\_\_\_

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Signature of Sponsor

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Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 849**

**House Bill No. 537\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-12-133, is amended by adding the following as a new subsection:

(d) For the purposes of this chapter, the practice of veterinary medicine does not include massage therapy to animals, which means the manipulation of the soft tissues of the animal body with the intention of positively affecting the health and well-being of the animal. This therapy does not include the diagnosis, treatment, correction, alleviation, or prevention of any animal disease, illness, pain, deformity, defect, injury, or other physical or mental condition. This subsection (d) shall expire on July 1, 2018.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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Amendment No. \_\_\_\_\_

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Signature of Sponsor

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Date \_\_\_\_\_

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Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 475\***

**House Bill No. 614**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) The general assembly finds that issues raised by births of children with neonatal abstinence syndrome and the abuse of opioids by women of childbearing age constitute a critical problem for enrollees in the TennCare program, healthcare providers, the TennCare program, public health, and the fiscal well-being of this state.

(b) In order to address issues raised by births of children with neonatal abstinence syndrome and the abuse of opioids by women of childbearing age in the TennCare program, the bureau of TennCare is directed to promptly fully review these issues and to develop an appropriate and accountable policy response to these issues.

(c)

(1) On or before September 1, 2017, the bureau shall issue appropriate requests for information for program initiatives to reduce the incidence and the costs of births involving neonatal abstinence syndrome and the abuse of opioids by women of childbearing age enrolled in the TennCare program.

(2) The request for information shall specifically elicit responses that examine options for:

(A) Imposing additional restrictions on healthcare providers; and

(B) Authorizing incentives, penalties, and other conditions on

TennCare enrollees that are consistent with federal and state law.



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(d)

(1) After evaluating responses to the request for information under subsection (c), the bureau shall develop and issue a request for proposals for program initiatives to reduce the incidence and the costs of births involving neonatal abstinence syndrome and the abuse of opioids by women of childbearing age enrolled in the TennCare program.

(2) The request for proposals shall utilize a competitive process that is approved by the comptroller of the treasury and the state chief procurement officer. The competitive process need not employ traditional competitive bidding under title 12, chapter 4, or other applicable law.

(3) The request for proposals shall require vendors to provide responses that use and work within the managed care organization framework through which the TennCare program provides medical assistance to enrollees.

(4) The request for proposals shall authorize the use of private vendors who are compensated by means of shared savings or pay for performance arrangements.

(e) The bureau shall select and implement one (1) or more appropriate initiatives to reduce the incidence and the costs of births involving neonatal abstinence syndrome and the abuse of opioids by women of childbearing age enrolled in the TennCare program.

(f) The bureau shall report concerning the progress and implementation of the program authorized by this section to the speaker of the house of representatives, the speaker of the senate, the comptroller of the treasury, the chair of the health committee of the house of representatives, and the chair of the health and welfare committee of the senate beginning on September 1, 2017, and thereafter on a quarterly basis.

(g) The bureau shall recommend to the general assembly any legislation necessary to implement initiatives selected under subsection (e) on or before January 15, 2018.

(h) If the commissioner of finance and administration, in consultation with the bureau, determines that a federal waiver or an amendment to an existing federal waiver is necessary in order to implement initiatives under this section, the commissioner shall promptly apply for an appropriate waiver or waiver amendment to the United States department of health and human services.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 523\***

**House Bill No. 756**

by inserting the following as a preamble immediately before the enacting clause:

WHEREAS, in 2016, the Tennessee General Assembly created a task force to make recommendations for the improvement of Tennessee residents' health by providing access to quality and cost effective care; and

WHEREAS, a key component of quality and effective healthcare delivery is the interaction and relationship among healthcare providers, particularly between advanced practice registered nurses (APRNs) and physicians in Tennessee; and

WHEREAS, this legislation is limited to specific instances and actions among physicians and APRNs; and

WHEREAS, it is the intent of this legislation to change terminology only. It is not the intent of this legislation to alter or amend the relationships and designated responsibilities between physicians and advance practice registered nurses, including nurse practitioners, certified nurse midwives, clinical nurse specialists, or certified registered nurse anesthetists existing prior to the effective date of this act; now, therefore,

**AND FURTHER AMEND** by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-1-306(a)(3), is amended by deleting the subdivision and substituting instead the following:

(3)



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(A) All advanced practice registered nurses licensed under chapter 7 of this title, who practice in a licensed pain clinic, shall collaborate with a pain medicine specialist.

(B) All physician assistants licensed under chapter 19 of this title, who practice in a licensed pain clinic, shall be supervised by a pain medicine specialist.

SECTION 2. Tennessee Code Annotated, Section 63-7-123(b)(1) and (2), is amended by deleting the subdivisions and substituting instead the following:

(1) A nurse who has been issued a certificate of fitness as a nurse practitioner pursuant to § 63-7-207 and this section shall file a notice with the board, containing the name of the nurse practitioner, the name of the licensed physician collaborating with the nurse practitioner who has control and responsibility for prescriptive services rendered by the nurse practitioner, and a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse practitioner. The nurse practitioner shall be responsible for updating this information.

(2)

(A) The nurse practitioner who holds a certificate of fitness shall be authorized to prescribe and/or issue controlled substances listed in Schedules II, III, IV, and V of title 39, chapter 17, part 4, upon joint adoption of physician collaboration rules concerning controlled substances pursuant to subsection (d).

(B) Notwithstanding subdivision (b)(2)(A), a nurse practitioner shall not prescribe Schedules II, III, and IV controlled substances unless such prescription is specifically authorized by the formulary or expressly approved after consultation with the collaborating physician before the initial issuance of the prescription or dispensing of the medication.

(C) A nurse practitioner who had been issued a certificate of fitness may only prescribe or issue a Schedule II or III opioid listed on the formulary for a

maximum of a non-refillable, thirty-day course of treatment unless specifically approved after consultation with the collaborating physician before the initial issuance of the prescription or dispensing of the medication. This subdivision (b)(2)(C) shall not apply to prescriptions issued in a hospital, a nursing home licensed under title 68, or inpatient facilities licensed under title 33.

SECTION 3. Tennessee Code Annotated, Section 63-7-123(b)(3)(A), is amended by deleting the subdivision and substituting instead the following:

(A) Any prescription written and signed or drug issued by a nurse practitioner under collaboration with and the control of a collaborating physician shall be deemed to be that of the nurse practitioner. Every prescription issued by a nurse practitioner pursuant to this section shall be entered in the medical records of the patient and shall be written on a preprinted prescription pad bearing the name, address, and telephone number of the collaborating physician and of the nurse practitioner, and the nurse practitioner shall sign each prescription so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the nurse practitioner shall indicate on the prescription which of those physicians is the nurse practitioner's primary collaborating physician by placing a checkmark beside or a circle around the name of that physician.

SECTION 4. Tennessee Code Annotated, Section 63-7-123(b)(5), is amended by deleting the word "supervising" and substituting instead the word "collaborating".

SECTION 5. Tennessee Code Annotated, Section 63-7-123(d), is amended by deleting the language "supervision of nurse practitioners by physicians" and substituting instead "collaboration of nurse practitioners with physicians".

SECTION 6. Tennessee Code Annotated, Section 63-10-204(42)(A), is amended by deleting the subdivision and substituting instead the following:

(A)

(i) "Prescription order" means and includes any order, communicated through written, verbal, or electronic means by a physician, certified physician assistant, pharmacist in accordance with a collaborative pharmacy practice agreement pursuant to this section, dentist, veterinarian, optometrist authorized pursuant to § 63-8-102(12), or other allied medical practitioner, for any drug, device, or treatment;

(ii) "Prescription order" means and includes any order, communicated through written, verbal, or electronic means by a nurse authorized pursuant to § 63-6-204, who is prescribing in collaboration with and under the control and responsibility of a licensed physician, and who meets the requirements pursuant to § 63-7-207(14);

SECTION 7. Tennessee Code Annotated, Section 63-10-217(d), is amended by deleting the subdivision and substituting instead the following:

(1) If the collaborative practice agreement includes one (1) or more prescribers who are advanced practice registered nurses (APRNs), the collaborating physician who has primary responsibility for collaborating with the APRN, must also approve and sign the collaborative pharmacy practice agreement. The collaborating physician may only approve a collaborative pharmacy practice agreement of an APRN if the services authorized in the agreement are included in the routine services delivered by the collaborating physician in the physician's medical practice. An authorizing prescriber entering into collaborative pharmacy practice agreements shall be available for consultation with the pharmacist or pharmacists as needed.

(2) If the collaborative practice agreement includes one (1) or more prescribers who are physician assistants (PAs), the supervising physician who has primary responsibility for supervising the PA, must also approve and sign the collaborative pharmacy practice agreement. The supervising physician may only approve a collaborative pharmacy practice agreement of a PA if the services authorized in the

agreement are included in the routine services delivered by the supervising physician in the physician's medical practice. An authorizing prescriber entering into collaborative pharmacy practice agreements shall be available for consultation with the pharmacist or pharmacists as needed.

SECTION 8. Tennessee Code Annotated, Section 63-51-105, is amended by deleting the word "and" at the end of subdivision (a)(17), deleting subdivision (a)(18), and substituting instead the following:

(18) For the profile of a holder of a certificate of fitness pursuant to § 63-7-123, the name of the holder's collaborating physician; and

(19) For any physician assistant licensed under § 63-19-105, the name of the assistant's supervising physician.

SECTION 9. Tennessee Code Annotated, Section 63-51-115(a), is amended by deleting the last sentence of the subsection and substituting instead the following:

The department shall also allow a supervising physician at any time the opportunity to review, accept, and update the existence of a supervisory relationship between the physician and a physician assistant licensed under § 63-19-105. The department shall also allow a collaborating physician at any time the opportunity to review, accept, and update the existence of a collaborating relationship between the physician and the holder of a certificate of fitness pursuant to § 63-7-123.

SECTION 10. Tennessee Code Annotated, Section 63-51-115(c), is amended by inserting the language "collaborating physician," between the language "care organization," and "or supervisory physician".

SECTION 11. Tennessee Code Annotated, Section 63-51-115(d), is amended by deleting the subsection and substituting instead the following:

(d) Nothing contained in this section shall repeal or override the confidentiality provisions contained in title 53, chapter 10, part 3, except to the extent that the department uses the information to update the existence of:



(1) A collaborating relationship between a physician and a holder of a certificate of fitness pursuant to § 63-7-123; or

(2) A supervisory relationship between a physician and a physician assistant licensed under § 63-19-105.

SECTION 12. Tennessee Code Annotated, Section 68-1-128(a)(2), is amended by deleting the language "physician supervisor" and substituting instead the language "collaborating physician or physician supervisor, as appropriate,".

SECTION 13. Tennessee Code Annotated, Section 68-1-128(e), is amended by deleting the language "supervising physician's licensing board" and substituting instead the language "collaborating physician's or supervising physician's licensing board, as appropriate".

SECTION 14. Tennessee Code Annotated, Section 68-1-128, is amended by deleting the language "supervising physician" wherever it appears and substituting instead the language "collaborating physician or supervising physician, as appropriate,".

SECTION 15. This act shall take effect July 1, 2017, the public welfare requiring it.

Amendment No. \_\_\_\_\_

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Signature of Sponsor

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 1309**

**House Bill No. 1067\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section to be appropriately designated:

(a) As used in this section:

(1) "Aggravating circumstances" means conduct involving the sale or diversion of a controlled substance, as defined in § 39-17-402, practicing while impaired by a controlled substance, or other conduct involving a controlled substance that presents a danger to patients or the public;

(2) "Confirmed drug test" means a confirmed test as defined in § 50-9-103;

(3) "Drug" means a drug as defined in § 50-9-103;

(4) "Employer" means a covered employer, as defined in § 50-9-103, that is a healthcare facility licensed under title 68, chapter 11, part 2, or any other healthcare employer that employs healthcare practitioners; and

(5) "Healthcare practitioner" means any person required to be licensed, permitted, certified, or authorized:

(A) Under this title by a board or committee under the division of health-related boards specified in § 68-1-101(a)(8), who has humans for patients; or

(B) Under title 68, chapter 24, part 6; or

(C) Under title 68, chapter 140.



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(b) A healthcare practitioner violates the practitioner's practice act by refusing to submit to a drug test or testing positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test for an employer when the practitioner does not have a lawful prescription for using the drug.

(c)

(1)

(A) In order to protect the public health, safety, and welfare, the department acting through the chief medical officer of the department of health, or the designee of the commissioner of health, may issue an emergency order suspending or restricting the license, certification, permit, or authorization of a healthcare practitioner who refuses to submit to a drug test or who tests positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test for a covered employer when:

(i) Aggravating circumstances are present; and

(ii) The practitioner does not have a lawful prescription and a legitimate medical reason for using the drug.

(B) The practitioner shall be given two (2) business days from the time of notification to the practitioner of the confirmed test result to produce a lawful prescription for the drug before an emergency order is issued.

(2)

(A) In lieu of an emergency order under subdivision (c)(1), the chief medical officer or designee may refer a healthcare practitioner to the substance abuse peer assistance or treatment program of the appropriate board when there is a positive result on a confirmed drug test or a refusal to submit to a drug test that does not imperatively require emergency

action under subdivision (c)(1). In such cases, the chief medical officer or designee shall forward notice of the result or refusal to the appropriate licensing board for action that may include, but not be limited to, referral to a substance abuse peer assistance or treatment program.

(B)

(i) So long as the practitioner complies with the terms and conditions of a referral to a program, the practitioner's license or certificate shall not be suspended or revoked by the appropriate board for a positive result on a confirmed drug test or a refusal to submit to a drug test.

(ii) The board shall suspend a healthcare practitioner's license, certificate, permit, or authorization when the practitioner fails to comply with the terms and conditions of the substance abuse peer assistance or treatment program.

(iii) The board is not prohibited from taking any other disciplinary action authorized by law for conduct not related to a positive result on a confirmed drug test or a refusal to submit to a drug test.

(iv) A substance abuse peer assistance or treatment program shall promptly report any failure of a practitioner to maintain compliance with the terms and conditions of the program to the appropriate licensing board.

(d) Any drug test used for action pursuant to subsection (b) shall comply with the requirements of title 50, chapter 9. The employer of the healthcare practitioner shall promptly report, as determined by rule, a practitioner who tests positive for any drug on a confirmed drug test, or who refuses to submit to a drug test to the department.

(e) In issuing an emergency order suspending or restricting the license of a healthcare practitioner who tests positive for any drug, or who refuses to submit to a drug test, the department shall comply with the procedure set forth in § 4-5-320(c) and (d).

(f) The commissioner of health is authorized to promulgate rules to effectuate the purposes of this section. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section to be appropriately designated:

A quality improvement committee, as defined in § 63-1-150, may share information concerning substance abuse by a healthcare practitioner licensed or certified under this title with another quality improvement committee pursuant to § 63-1-150(d)(3) or § 68-11-272(c)(3) in furtherance of the functions of the committees.

SECTION 3. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section:

For purposes of § 4-5-320(c), the public health, safety, or welfare imperatively requires emergency action by the department of health at any time that a healthcare practitioner as defined in Section 1 tests positive for any drug on a confirmed drug test or refuses to submit to a drug test pursuant to Section 1 or engages in conduct with respect to use, possession, or diversion of a controlled substance, as defined in § 39-17-402, that may reasonably affect the health and safety of patients or the public at large. Notwithstanding any law, rule, or policy of a board or the department of health, emergency action by the department or the board under § 4-5-320(c) shall not require the prior approval of the attorney general and reporter.

SECTION 4. Tennessee Code Annotated, Title 50, Chapter 9, is amended by adding the following as a new section:

Notwithstanding this chapter, a covered employer who has employees who are healthcare practitioners for the purposes of Section 1 shall report a healthcare practitioner who tests positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test, or who refuses to submit to a drug test, to the department of health and the practitioner's licensing or certifying board as required by Section 1.

SECTION 5. This act shall take effect July 1, 2017, the public welfare requiring it.